

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-22-03.

I. DISPUTE

Whether there should be a **refund** for CPT codes: 22152, 22558, 22612, 63047, 63030, 22845 and 22842.

II. FINDINGS

The requestor's representative, ___ paid 50% of respondent's bill pending audit. On 9-2-02, the requestor paid \$21,374.77 on check number 68124. After the audit, requestor concluded that an overpayment of \$8,839.05 was made, and requested that respondent refund overpayment.

Neither party submitted contract information to support reduction; therefore, the disputed services will be reviewed in accordance with the *Medical Fee Guideline*.

III. RATIONALE

CPT CODE	Billed	Paid	Disputed Overpayment	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
22152	\$8496.00	EOB to support amount paid minus contract reduction was not submitted	\$1346.20	C	\$2832.00 x 50% = \$1416.00	Surgery GR (I)(D)(1)(b), (I)(D)(2)	Reconstruction of spine with prefabricated prosthetic replacement, secondary procedure performed, per MFG appropriate reimbursement of \$1416.00.
22558	\$7436.15		\$1073.50	C	\$2660.00 x 50% = \$1330.00	Surgery GR (I)(D)(1)(b), (I)(D)(2), (I)(E)(2)	Arthrodesis, anterior interbody technique, secondary procedure performed, per MFG appropriate reimbursement of \$1330.00.

22612	\$7340.55		\$1201.27	C	\$2529.00 X 50% = \$1264.50	Surgery GR (I)(D)(1)(b), (I)(D)(2), (I)(E)(2)	Arthrodesis, posterior or posterolateral technique, secondary procedure performed, per MFG appropriate reimbursement of \$1264.50.
22630	\$7329.12		\$0.00	V			Not in dispute
63030-59	\$4430.12		\$2883.25	C	\$3035.00 or lesser amount	Surgery GR (I)(D)(1)(a)	Laminotomy, one interspace, lumbar – Major procedure performed of greater value, per MFG = \$3035.00.
22845	\$3861.37		\$2802.50	C	\$2950.00	Surgery GR (I)(E)(1) & (I)(D)(2)	Anterior Instrumentation, Surgery GR states instrumentation will not be reduced; therefore, per MFG the appropriate reimbursement is \$2950.00.
22842	\$3856.53		\$626.53	C	\$3400.00	Surgery GR (I)(E)(1) & (I)(D)(2)	Posterior Instrumentation, segmental fixation Surgery GR states instrumentation will not be reduced; therefore, per MFG the appropriate reimbursement is \$3400.00.
	\$42,749.84	\$21,374.77	\$8839.05				Per MFG the appropriate reimbursement for disputed services was \$13,395.00. The difference between amount paid of \$21,374.77 and \$13,395.00 = \$7979.77. The requestor is entitled to reimbursement of \$7979.77.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 22152, 22558, 22612, 63047, 63030, 22845 and 22842 in the amount of **\$ 7979.77**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$7979.77** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
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